

REGION VII AGING SERVICES

Mark Jesser, Regional Aging Services Program Administrator

Serving: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark Counties



Winter 2014



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Silver-haired Legislative Assemblies to end in North Dakota

A North Dakota organization that for three decades has educated senior citizens on the state legislative process has decided to dissolve.

The Silver-haired Education Association accomplished its goal mainly through a biennial Silver-haired Legislative Assembly at the state Capitol in Bismarck. The mock Legislature has been held every even-numbered year since 1982, but interest and participation has waned in recent years.

During the early years of the assemblies, each of the state's 53 counties was represented by two delegates. Fewer than half of the counties were represented at the 2012 assembly. Part of the reason is that the association is unable to cover the expenses of county delegates.

A committee voted to dissolve the association after a six-month survey of county and local senior organizations that showed insufficient funding and limited Silver-haired Legislative Assembly delegates for 2014.

Region VIII Newsletter compiled by Mark Jesser, BHSC Aging Services Unit



ADRL Prevention Tip for the New Year!!

Read Food Labels Before You Eat

Over the past few decades, food portions in America have increased. Unfortunately, so have our waistlines, health problems and medical costs. One way to eat smarter is to read food labels.

Here are some tips to get you started:

- **Pay attention to the serving size.** For many, the serving sizes on the package rarely match the food portions on their plates. How can you be sure you get the right serving size? It's not always convenient to weigh, measure and count. Try using these visual cues:
 - One cup of cereal is the size of your fist.
 - One cup of salad greens is the size of a baseball.
 - One-half cup of ice cream is the size of one-half baseball.
 - Three ounces of meat is the size of a deck of cards.



- **Check calories.** Make your calories count. Get the most nutrient from your calories and eat the amount of calories you expend in a day. Anything below and you might run out of steam. Likewise, anything above will cause weight gain. Be sure to pay attention to serving size. For example, if you eat six cookies and a serving size is three cookies, you will need to double the Nutrition Facts numbers to get an accurate count.
- **Eat less saturated fat, cholesterol, sodium and sugar.** Eating too much of these nutrients may increase risk of certain chronic diseases such as heart disease, some cancers or high blood pressure. Limit your intake to no more than 100 percent of the daily value.
- **Eat more fiber, vitamins A and C, calcium and iron.** The U.S. Food and Drug Administration (FDA) says many Americans don't get enough of these nutrients, which may improve your health and help reduce the risk of some diseases and conditions. Aim to eat the recommended dietary allowances (RDA) for these nutrients. Excessive amounts can negatively affect your health.
- **Consider the % Daily Value (%DV).** The %DVs listed are based on a 2,000 calorie diet. The Daily Value gives you a snapshot of how a particular food fits into your total daily diet. It answers the question, "Does this food contribute a little or a lot of this nutrient to my day?" If the %DV is low — 5 percent or less — it contributes a little. If the %DV is high — 20 percent

or more — it contributes a lot. Overall, eat foods with low %DV numbers in fat, cholesterol and sodium. Choose foods with high %DV numbers in fiber, vitamin A, vitamin C, calcium and iron, and remember to stay within the RDA for these nutrients.

(Footnote with Daily Values (%DVs). This section contains recommended dietary advice for most adults based on a daily calorie intake. It is not describing a specific food product. Therefore, it will always read the same, no matter what the product. It's simply a listing of important nutrients and the amount of each you should have in your diet.)

Information provided by Blue Cross Blue Shield of North Dakota

Older Americans Month Theme 2014 Announced

Each May, the nation celebrates Older Americans Month to recognize older Americans for their contributions and provide them with information to help them stay healthy and active. This year, we are focusing on injury prevention with the theme

"Safe Today, Healthy Tomorrow"

Older adults are at a much higher risk of unintentional injury and even death than the rest of the population. Unintentional injuries to this population result in millions of medically treated injuries and more than 30,000 deaths every year. With a focus on safety during Older Americans Month, the Administration for Community Living plans to use this opportunity to raise awareness about this critical issue. By taking control of their safety, older Americans can live longer, healthier lives.

May 15-21, 2014: Older Americans Mental Health Week

Older adults, those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as physical illness or disability.

The world's population is ageing rapidly. Between 2000 and 2050, the proportion of the world's older adults is estimated to double from about 11% to 22%. In absolute terms, this is an expected increase from 605 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized.

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among over 60s is attributed to neurological and mental disorders.¹ The most common neuropsychiatric disorders in this age group are dementia and depression. Anxiety disorders affect 3.8% of the elderly population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among those aged 60 or above.¹ Substance abuse problems among the elderly are often overlooked or misdiagnosed.

Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help.

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. As well as the typical life stressors common to all people, many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, and require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.

Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Conversely, untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease.

Older adults are also vulnerable to physical neglect and maltreatment. Elder maltreatment can lead not only to physical injuries; but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety.

Mental health of older adults can be improved through promoting active and healthy ageing. Mental health-specific health promotion for the older adults involves creating living conditions and environments that support wellbeing and allow people to lead healthy and integrated lifestyles. Promoting mental health depends largely on strategies which ensure the elderly have the necessary resources to meet their basic needs,

Prompt recognition and treatment of mental, neurological and substance use disorders in older adults is essential. Both psychosocial interventions and medicines are recommended.

(source: World Health Organization)

Additional resources can be found at the Geriatric Mental Health Foundation website at <http://www.gmhfonline.org/gmhf/consumer/index.html>

Who is eligible for the "homestead" property tax credit?

The homestead credit is a property tax relief program for qualifying homeowners and renters who are age 65 or older (unless the applicant is permanently and totally disabled) in the year for which the application is made. For a husband and wife who are living together, only one may apply for the homeowner's credit or renter's refund. Only the spouse applying for the credit or refund need be 65 years of age or older.

The applicant's income, plus the income of a spouse and any dependents, may not exceed \$42,000 for the calendar year preceding the assessment date. The applicant must consider income from all sources, which includes, but is not limited to, social security benefits, pensions, salaries, unemployment benefits, dividends, interest, net gains from the sale of property, net rental income and net profit from any business, including ranching and farming. Life insurance death proceeds paid to a surviving spouse or dependent are not included as income under this act. Medical expenses actually paid during the year are deductible from income if not compensated for by insurance or otherwise.

Additional requirements for homeowners:

- A homeowner must reside on and have an interest in the property for which the credit is claimed.

- The applicant's assets may not exceed \$500,000, including the market value of the homestead and the value of any assets gifted or otherwise divested within the last three years.
- No person shall qualify to receive the property tax credit if the homestead is rented while the owner is temporarily absent or the homestead is a farm structure which is exempt from taxation.
- The tax credit will reduce the taxable value of the homestead on a sliding scale depending upon the income of the applicant.
- Application for the credit is filed with the local assessor or county director of tax equalization by February 1 (or as soon thereafter as possible) in the year in which your property is assessed and for which the credit is requested.
- The property tax credit is subject to adjustment, equalization and abatement in the same manner as other real property assessments.
- In the event of the applicant's death, all benefits terminate at the end of the taxable year.

Additional requirements for renters:

- No refund may be made to a person who pays rent or fees for any living quarters, including nursing homes, that are exempt from property taxation and for which payment in lieu of property taxes is not made.
- Heat, water, lights, telephone or furniture costs may not be considered as part of rent costs. If the landlord pays for these items, the cost of these items must be deducted from the rent when applying for a refund. If utilities and furniture are paid by the renter, the cost of these items may not be added to the rent when applying for a refund.
- The amount of refund is based upon rent paid and income of the applicant. A refund is issued for the amount that 20 percent of annual rent exceeds four percent of annual income. The refund may not be greater than \$400.
- Application for a renter refund is filed with the Office of State Tax Commissioner before June 1 following the year for which the refund is claimed. Extensions of time may be allowed for good cause.

Fall Proofing Your Home

Simple Changes for Home Safety

Six out of every 10 falls happen at home, where we spend much of our time and tend to move around without thinking about our safety. Many falls could be prevented by making simple changes in your living areas, as well as personal and lifestyle changes.

Take steps to "fall proof" your home, both inside and outdoors. To make your home safer, you can

- remove or avoid safety hazards
- improve lighting
- install handrails and grab bars
- move items to make them easier to reach.

Tips to "Fall Proof" Your Home

- **An important step toward preventing falls at home is to remove anything that could cause you to trip or slip while walking.** Tripping on clutter, small furniture, pet bowls, electrical or phone cords, or other things can cause you to fall. Slipping on rugs or slick floors can also cause falls.
- **Arrange furniture to give you plenty of room to walk freely.** Also remove items from stairs, hallways, and pathways.
- **Be sure that carpets are secured to the floor and stairs.** Remove throw rugs, use non-slip rugs, or attach rugs to the floor with double-sided tape.
- **Put non-slip strips on floors and steps.** Put non-slip strips or a rubber mat on the floor of your bathtub or shower, as well. You can buy these items at a home center or hardware store.
- **At home and elsewhere, try to avoid wet floors and clean up spills right away.** Use only non-skid wax on waxed floors at home.
- **Be careful when walking outdoors, and avoid going out alone on ice or snow.** A simple slip on a slick sidewalk, a curb, or icy stairs could result in a serious injury.
- **During the winter, ask someone to spread sand or salt on icy surfaces.** Be sure to wear boots with good traction if you must go out when it snows. Better yet, don't take chances walking on icy or slippery surfaces.
- **Poor lighting -- inside and outdoors -- can increase your risk of falls.** Make sure you have enough lighting in each room, at entrances, and on outdoor walkways. Use light bulbs that have the highest wattage recommended for the fixture.
- **Good lighting on stairways is especially important.** Light switches at both the top and bottom of stairs can help.
- **Place a lamp within easy reach of your bed. Put night lights in the bathroom, hallways, bedroom, and kitchen.** Also keep a flashlight by your bed in case the power is out and you need to get up.
- **Have handrails installed on both sides of stairs and walkways.** If you must carry something while walking up or down stairs, hold the item in one hand and use the handrail with the other. When you're carrying something, be sure you can see where your feet are stepping.
- **Properly placed grab bars in your tub and shower, and next to the toilet, can help you avoid falls, too.** Have grab bars installed, and use them every time you get in and out of the tub or shower. Be sure the grab bars are securely attached to the wall.
- **You might find it helpful to rearrange often-used items in your home to make them more accessible.** Store food boxes, cans, dishes, clothing, and other everyday items within easy reach. This simple change could prevent a fall that might come from standing on a stool to get to an item.

If you have fallen, your doctor might suggest that an occupational therapist, physical therapist, or nurse visit your home. These health care providers can assess your home's safety and advise you about making changes to prevent falls. (source: National Institute of Health)



ND Family Caregiver Support Program

CAREGIVER BURNOUT

Being able to cope with the strains and stresses of being a Caregiver is part of the art of Caregiving. In order to remain healthy so that we can continue to be Caregivers, we must be able to see our own limitations and learn to care for ourselves as well as others. It is important for all of us to make the effort to recognize the signs of burnout. In order to do this we must be honest and willing to hear feedback from those around us. This is especially important for those caring for family or friends. Too often Caregivers who are not closely associated with the healthcare profession get overlooked and lost in the commotion of medical emergencies and procedures. Otherwise close friends begin to grow distant, and eventually the Caregiver is alone without a support structure. We must allow those who do care for us, who are interested enough to say something, to tell us about our behavior, a noticed decrease in energy or mood changes. Burnout isn't like a cold. You don't always notice it when you are in its clutches. Very much like Post Traumatic Stress Syndrome, the symptoms of burnout can begin surfacing months after a traumatic episode. The following are symptoms we might notice in ourselves, or others might say they see in us. Think about what is being said, and consider the possibility of burnout.

- Feelings of depression.
- A sense of ongoing and constant fatigue.
- Decreasing interest in work.
- Decrease in work production.
- Withdrawal from social contacts.
- Increase in use of stimulants and alcohol.
- Increasing fear of death.
- Change in eating patterns.
- Feelings of helplessness.

Strategies to ward off or cope with burnout are important. To counteract burnout, the following specific strategies are recommended

- Participate in a support network.
- Consult with professionals to explore burnout issues.
- Attend a support group to receive feedback and coping strategies.
- Vary the focus of caregiving responsibilities if possible (rotate responsibilities with family members).
- Exercise daily and maintain a healthy diet.
- Establish "quiet time" for meditation.
- Get a weekly massage
- Stay involved in hobbies.

By acknowledging the reality that being a Caregiver is filled with stress and anxiety, and understanding the potential for burnout, Caregivers can be forewarned and guard against this debilitating condition. As much as it is said, it can still not be said too often, the best way to be an effective Caregiver is to take care of yourself.

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For more information about the NDFCSP, call the Aging and Disability Resource LINK, or, you may contact Rene Schmidt, Caregiver Coordinator, at 701-227-7582.

State Health Insurance Counseling Program (SHIC)

The State Health Insurance Counseling Program (SHIC) offers free help with Medicare and other health insurance. Trained counselors who work through local sponsoring organizations can help answer your questions. SHIC counselors have no connection with any insurance company or product.

SHIC counselors are trained in all aspects of senior insurance issues, such as Medicare, Medicare Part D and Medicare Advantage plans.

SHIC receives funding from the Centers for Medicare and Medicaid Services. The program helps Medicare beneficiaries understand Medicare. If you receive Medicare, counselors can help you with:

- **Paperwork and statements:** understand paperwork and statements that you receive after a doctor visit, hospital stay or other experience.
- **Bills:** sort out and reconcile statements, hospital or clinic bills and help you figure out what has been paid and what you need to pay.
- **Claims filing and appeals:** claims filing or appeals if payment has been denied.
- **Options for coverage:** options for private insurance or to supplement your Medicare, such as Part D plans, Medicare Supplement plans or Medicare Advantage plans.
- **Options for the future:** review and understand long-term care insurance and offer you tools to help make the right choice for you.

To schedule an appointment or to locate the SHIC program sponsor nearest you, please contact us.

ndshic@nd.gov
701.328.2440
701.328.9610 fax
888.575.6611 toll free
800.366.6888 TTY line

If you need assistance with translation or communication, please contact SHIC at 1-888-575-6611. This is a free service offered to all SHIC program participants.



Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I:	Kayla Fenster	1-800-231-7724
Region II:	MariDon Sorum	1-888-470-6968
Region III:	Mary Weltz	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
Region VI:	Danelle Van Zinderen	1-800-260-1310
Region VII:	Cherry Schmidt	1-888-328-2662
Region VIII:	Mark Jesser	1-888-227-7525 (local: 227-7557)

ND Family Caregiver Coordinators

Region I:	Kayla Fenster	1-800-231-7724
Region II:	Suzanne Olson	1-888-470-6968
Region III:	Mary Weltz	1-888-607-8610
Region IV:	RaeAnn Johnson	1-888-256-6742
Region V:	Laura Fischer	1-888-342-4900
Region VI:	Danelle Van Zinderen	1-800-260-1310
Region VII:	Bill Willis	1-888-328-2662
Region VIII:	Rene Schmidt	1-888-227-7525 (local: 227-7582)

Long-Term Care Ombudsman Services

State Ombudsman:	Joan Ehrhardt	1-855-462-5465
Region I & II:	Deb Kraft	1-888-470-6968
Region III & IV:	Kim Helten	1-888-607-8610
Grand Forks:	RaeAnn Johnson	1-888-256-6742
Region V & VI:	Bryan Fredrickson	1-888-342-4900
Region VII:	Shannon Nieuwsma	1-701-391-0563
	Bill Willis or Joan Ehrhardt	1-855-462-5465
Region VIII:	Mark Jesser	1-888-227-7525 (local: 227-7557)

REGION VIII Options Counseling

Becky Delgado	1-888-227-7525 (local: 227-7504)
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Aging & Disability Resource LINK (ADRL)

Aging Services Division and Resource Link:
Options Counseling Services **1-855-GO2LINK**
(1-855-462-5465)

Vulnerable Adult Protective Services

Region I:	Kayla Fenster	1-800-231-7724
Region II:	Niels Anderson	1-701-629-5393 or 628-2925
Region III:	Kim Helten	1-888-607-8610
Region IV:	Bernie Hopman (VAT)	1-888-256-6742 1-701-795-3000
Region V:	Cass County SS	1-701-241-5747 (Option #2)
Region VI:	Danelle Van Zinderen	1-701-253-6395
Region VII:	Katie Schafer	1-888-328-2662
Region VIII:	Rene Schmidt	1-888-227-7525 (local: 227-7582)

Other

AARP:	1-866-554-5383
Mental Health America of ND:	1-701-255-3692
IPAT (Assistive Technology):	1-800-895-4728
Legal Services of North Dakota: or (age 60+):	1-800-634-5263 1-866-621-9886
ND Attorney General's Office of Consumer Protection:	1-701-328-3404 1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
State Health Insurance Counseling (SHIC) ND Insurance Department:	1-701-328-2440 1-888-575-6611
ND Association for the Disabled NDAD (Serving all of ND)	1-701-795-6605
Alzheimer's Association:	1-701-258-4933 1-800-272-3900
ND Senior Medicare Patrol:	1-800-233-1737

Mark Jesser
Regional Aging Services Program Administrator
Badlands Human Service Center
300 13th Avenue West, Suite 1
Dickinson, ND 58601

Return Service Requested

Upcoming Events

Groundhog Day.....	February 2 nd , 2014
Region VIII Council on Aging in Dickinson, Villard Terrace.....	February 3 rd , 2014
Valentine's Day.....	February 14 th , 2014
Presidents' Day.....	February 17 th , 2014
Region VIII Council on Aging.....	March 3 rd , 2014
Daylight Savings Time begins.....	March 9 th , 2014
First Day of Spring !	March 20 th , 2014
April Fools' Day	April 1 st , 2014
Easter	April 20 th , 2014

MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.